

- [I AM Navy Medicine](#)

- RSS :

- [Posts](#)

- [Comments](#)

## Navy Medicine

### World Class Care... Anytime, Anywhere

- [Home](#)
- [About](#)
- [Disclaimer](#)
- [Navy Medicine News](#)
- [Navy Medicine WebSite](#)
- [I AM Navy Medicine](#)

Type and hit enter to Search

Written on May 15, 2016 at 11:00 pm by [Navy Medicine](#)

## I am Navy Medicine: Lt. Cmdr. Dayna T. Lobraico

Filed under [Communication](#), [Families](#), [Fleet and the Fleet Marine Force](#) {no comments}  
By *Lt. Cmdr. Dayna T. Lobraico, Naval Hospital Camp Lejeune*



My father, grandfather and great-grandfather all

proudly served in the Army.

My father, who was a paratrooper, used to tell me stories when I was growing up of his experiences and my grandfather (who served in the 20<sup>th</sup> Armored Division in Europe during WWII) could not stop talking about his love for his comrades and how he would join again if given the opportunity.

When I was in college, Navy Medicine seemed to be at the forefront of the media. The idea of joining the

Navy would allow me to do more than just see patients and work in a hospital setting after medical school. I always hoped to join the military, and when I was offered a Navy Medicine scholarship after applying to medical school, I didn't hesitate. I couldn't wait to get on my first ship and travel the world. Ironically, my first deployment was to Iraq as an individual augmentee with the Army – evidence that Navy Medicine is progressive and reaches beyond its own domain to serve jointly.

Being a substance abuse rehabilitation medical officer, a board certified addiction medicine specialist, the division officer for the Substance Abuse Rehabilitation Program and medical director of Naval Hospital Camp Lejeune's inpatient psychiatric ward, I face one of the most challenging duties of caring for patients who are often struggling with sobriety, withdrawals, and relapses and know that if they are unable to complete treatment that they may lose their position in the military.

What we offer to patients is the opportunity to recover in an environment that provides a multi-disciplinary approach to addiction treatment and recovery. Even one Marine or Sailor who is returned to duty after treatment can greatly enhance a unit's mission. I received numerous calls from the Fleet, Afghanistan and Iraq requesting hospitalization of service members who had either felt suicidal or attempted suicide, with a goal of reducing the number of attempts and completions.

Serving as a member of the Wounded Warrior's BN mental health team has been the most challenging and rewarding of my responsibilities, as these service members have been both physically and emotionally scarred and come to us for help in often critical situations. It is our mission to stabilize them and either return them to duty or get them the appropriate follow on care with the Veterans Association in addition to other services.

I've learned through my experience as a Navy medical officer that Navy Medicine is unique because it is not just about working with service members to ensure that they are ready to serve the mission; it's about thinking outside the box and knowing that every decision that you make with respect to those service members' care will affect their families, their commands, and the thousands of Marines and Sailors that serve with them, and that's profound.

I'm Lt. Cmdr. Dayna Lobraico. I am Navy Medicine.

[← Next post](#) [Previous post →](#)

Navy Medicine tagged this post with: [Naval Hospital Camp Lejeune](#), [Substance Abuse Rehabilitation Program](#) Read 86 articles by [Navy Medicine](#)

Comments are closed

**[Navy Medicine Video](#)**